

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 2 5 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Fra	ncis C. O'Brien		
II. Name of lobbyist's partne	ership, firm or corporation, if a	ny:	-
Property Casualty Inst	arers Association of Amer	ca	
	tnership, firm or corporation)		
8700 W Bryn Mawr Av	e, Ste 1200s, Chicago, IL 6	0631	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(847) 297-7800	(847) 297-5064	e-mail complian	ce@apci.org
(Telephone)	(Fax)	
III. This statement covers: (creportable expense transactions)	Choose one – file separate repo ons which are not attributable	rts for each client, OR you may to any one client).	file a separate report for
☐ All reportable transactions	occurring in the months prior to	the reporting date relative to the	following client:
(Full N	ame of Client as it appears on the Lo	bbyist Registration Form)	
<u>OR</u>			
X All reportable transactions unrelated to any particular clie	by the lobbyist (including the lob nt.	byist's family), or the lobbying t	firm listed below which are
	25, 2018	July 25, 2018	
Octob	per 31, 2018	January 30, 2019 X activity from 10/1/18 to 12/31/16	8
V. There have been no feed of this box is checked, complete Concord, NH 03301.	s received and no reportable just this form and submit it to th	transactions made since the e Secretary of State's Office, Sta	e last report. 🗴 te House, Room 204,
VI. Check if additional repor	ts are attached:		
	or made expenditures, you must f	ile Addendum A - Fees and Exp	enses
	rium or reimbursed expenses, yo		
☐ If you, your firm, or your f	amily has made political contribu	ations, you must file Addendum	C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-E and complete to the best of my	, RSA 14-C and RSA 664 and he	ereby swear or affirm that the for	regoing information is true
Grancis C.O.Brien		01/23/2019	
(Signature of lobbyist)		(Date)	
Francis C. O'Brien			
(Print Name of lobbyist)			